

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of	<u>Gila</u>	BUREAU OF VITAL STATISTICS	
District of	<u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of	<u>Globe</u>	State Index No.	<u>149</u>
or	<u>Globe</u>	County Registrar No.	<u>411</u>
City of	<u>Globe</u>	Local Registrar No.	
2. Full name of child		No. _____ St. _____ Ward _____	
<u>Valentius Mendez</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?
<u>Male</u>			<u>yes</u>
6. Date of birth	7. Month	8. Day	9. Year
<u>May 21-24</u>			
8. FATHER		14. MOTHER	
Full name <u>Adolph Mendez</u>		Full maiden name <u>Rebecca Mondenado</u>	
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Ariz.</u>	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>46</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>32</u> (Years)
12. Birthplace (city or place) <u>Mexico</u>		18. Birthplace (city or place) <u>Mexico</u>	
(State or country)		(State or country)	
13. Occupation <u>Murder</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>0</u>			
(b) Born alive but now dead <u>9</u>			
(c) Stillborn <u>9</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>7:00 P.</u> m. on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>M. Adams</u>	
		(Physician or midwife)	
Given name added from a supplemental report _____		Address <u>Globe, Ariz.</u>	
Month, day, year.		Filed <u>5-23</u> 19 <u>24</u> <u>B. J. G.</u>	
Registrar.		Filed <u>6-3</u> 19 <u>24</u> <u>B. J. G.</u>	
		Local Registrar.	
		County Registrar.	

549-521-946